



**Registration of X-Ray Producing Machines
Bureau of Radiological Health**

Registration Number: _____ - _____

Facility Name: _____

Telephone: _____ FAX: _____

Mailing Address: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Facility Type: _____

Radiation Safety Officer: _____

Contact Person: _____

Give full names of partners, co-owners, etc. (if applicable) _____

Section A:

Has a Facility Registration Approval been issued? _____

If yes, indicate date(s) _____

If applicable, has a shielding plan been approved? _____

If yes, indicate log number. _____

Please complete sections C and D on the reverse if x-ray units are to be added or section E if units are to be deleted or made inoperative.

Section B:

Please Sign and Date Both Copies

Signature: _____ Title _____

Date: _____

Please Return Both Copies To:

**S.C. Department of Health and Environmental Control
Bureau of Radiological Health
2600 Bull Street
Columbia, SC 29201
(803) 545-4400 FAX (803) 545-4412**

Registration Does Not Imply Approval Or Disapproval And Is Not A License

Please Complete Both Sections C and D Below

Section C: Controls Added To This Facility								Section D: Tubes Added To This Facility			
Location/ Room	Equipment Type	Model Number	Serial Number	Fixed or Mobile	Maximum kVp mA		Manufacturer	Model Number	Serial Number	Manufacturer (If different)	Purchased From

Section E: Equipment To Be Deleted Or Made Inoperative			
Manufacturer, Model and Serial Number of Control	Manufacturer, Model and Serial Number of Tube(s)	Name and Address of Person Transferred To (If Applicable)	Indicate Sold, Destroyed Or Inoperative

**S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
BUREAU OF RADIOLOGICAL HEALTH
REGISTRATION OF X-RAY PRODUCING MACINES**

PURPOSE:

This form is for registering x-ray equipment, and also provides a means to delete a machine from registration. Every person who possesses and x-ray producing machine shall register the machine with the Department within 30 days of the date of acquisition.

ITEM BY ITEM INSTRUCTIONS:

Registration number – If you do not already have a registration number, BRH will assign one to you. Please use the number in all correspondence.

Facility Name – This refers to the person or company possessing the x-ray producing machine.

Mailing Address, City, State, Zip Code, Telephone – Self explanatory.

Street Address – Give the location address if it differs from the mailing address.

Facility Type – Indicate the facility type using the list below.

Location – Give the location of the x-ray producing machine. (Example – Room 2)

Section A- Give all information pertaining to Facility Registration Approval and Shielding Plan.

Section B - Signature, Title, and Date – The person completing the registration form should sign and date it. After signing both copies should be returned to the address listed.

Section C – Give all information in Section C for each control that is added to this facility. For equipment type use the list below.

Section D – Give all information in Section D for each tube that is added to this facility.

Section E – Give all information in Section E for any equipment that is to be deleted from a registration. Also use this section to make equipment inoperative on a registration.

OFFICE MECHANICS AND FILING:

When the registration forms are received, stamp each copy with the date received. Each control and tube will be entered in the computer system. One copy of the registration form is placed into the registrant's file, and the other copy is returned to the registrant for their records.

Type of Facility

Academic
Private Physician
Medical Clinic
Medical Hospital
Industry
Transportation
Research
Nursing Home
Private Dental
Dental Clinic
Chiropractor
Podiatrist
Veterinarian
County Health Department
Security
Accelerator Facility
Vendor
Prison
Other (Specify)

Type of Equipment

Radiographic
Fluoroscopic
Combination (Rad & Fluoro)
Dental
Therapy
Diffraction
X-ray fluorescence (Non-medical)
Accelerator
X-ray Gauge
Pan/Ceph – 2 Tubes
Ceph/Dental
Electron Microscope
Spectrograph
Cephalometric
Panoramic
Cabinet X-ray
CT scanner
C-arm fluoroscopic
Mammography
Baggage Checker
Bone Densitometer
Lithotripter
Simulator
Pan/Dental - 2 tubes
Ceph/Dental – 3 tubes
Stereotactic
Pan/Ceph – 1 tube
Other (Specify)